



**STATE BOARD OF EXAMINERS FOR
SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY
RENEWAL FORM**

**Budget: ZZ117
Fund: 158**

Name: _____ **SS# or License #** _____

Current Mailing Address: _____

Current Phone Number: _____

1. ☐ **YES** or ☐ **NO** During the renewal period did you earn the continuing education hours acceptable to the Board?
2. ☐ **YES** or ☐ **NO** Have you been convicted, plead guilty, plead nolo contendere, or received deferred adjudication in the last 12 months? If your response is "yes," give the date, state the charge and give an explanation on an additional sheet of paper. Discovery of criminal conviction information not disclosed may result in denial of your license and disclosure of discovered information to other licensing boards.
3. ☐ **YES** or ☐ **NO** If you hold a current, valid license as an audiologist or an intern in audiology under Texas Occupation Code, Chapter 401 (the Act), you may declare your intent to fit and dispense hearing instruments. Do you wish to fit and dispense hearing instruments and agree to comply with the federal Food and Drug Administration guidelines for fitting and dispensing hearing aids?
4. ☐ **YES** or ☐ **NO** Have you complied with all requirements of Texas Occupations Code, Chapter 401 (the Act) and the Board rules, 22 Texas Administrative Code, Chapter 741, during the past renewal period and do you agree to continue to abide by the Act and the current and subsequent rules of the Board for the forthcoming renewal period?

Use this duplicate renewal form ONLY if not selected for CE audit AND renewing on-time. **IF YOU ARE NOT SURE WHETHER OR NOT YOU HAVE BEEN SELECTED FOR AUDIT, DO NOT USE THIS FORM WITHOUT FIRST CONTACTING THE BOARD OFFICE!!!**

Signature

Date

FEES

\$44.00	SP - Speech-Language Pathologist		\$44.00	AU – Audiologist
\$44.00	SA - Assistant in Speech-Language Pathology (Must also submit Supervisory Responsibility Statement Form)		\$44.00	AA - Assistant in Audiology (Must also submit Supervisory Responsibility Statement Form)
	n/a		\$62.00	AU/AF - Audiology & Fit and Dispense Registration
\$44.00	IS - Intern in Speech-Language Pathology (Must also submit Intern Plan and Agreement Form and Report of Completed Internship Form)		\$44.00	IA - Intern in Audiology (Must also submit Intern Plan and Agreement Form and Report of Completed Internship Form)
	n/a		\$62.00	IA/IF - Intern in Audiology & Fit and Dispense Registration (Must also submit Intern Plan and Agreement Form and Report of Completed Internship Form)
\$73.00	Dual Licenses (SP and AU)		\$91.00	Dual Licenses (SP and AU) & Fit and Dispense Registration

Mail Correct Payment and Completed Form to:

State Board of Examiners for Speech-Language Pathology and Audiology
Texas Department of Health
P.O. Box 12197
Capitol Station
Austin TX 78711-2197